

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 06/11/2012  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155355		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 05/15/2012	
NAME OF PROVIDER OR SUPPLIER  WEST BEND NURSING AND REHABILITATION				STREET ADDRESS, CITY, STATE, ZIP CODE 4600 W WASHINGTON AVE SOUTH BEND, IN 46619			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE	
F0000	<p>This visit was for the Investigation of Complaint IN00107103.</p> <p>Complaint IN00107103 - Substantiated. Federal/state deficiencies related to the allegations are cited at F253 and F315.</p> <p>Survey dates: May 14 &amp; 15, 2012</p> <p>Facility number: 000246 Provider number: 155355 AIM number: 100275420</p> <p>Survey team: Vicki Manuwal, RN-TC</p> <p>Census bed type: SNF/NF 85 Total 85</p> <p>Census payor type: Medicare 8 Medicaid 70 Other 7 Total 85</p> <p>Sample: 3</p> <p>These deficiencies reflect state findings cited in accordance with 410 IAC 16.2.</p> <p>Quality review completed on May 17, 2012 by Bev Faulkner, RN</p>		F0000	<p><b>The creation and submission of this plan of correction does not constitute an admission by this provider of any conclusion set forth in the statement of deficiencies, or of any violation of regulation. Due to the relative low scope and severity of this survey, the facility respectfully requests a desk review in lieu of a post-survey revisit on or after June 14, 2012.</b></p>			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F0253 SS=C	<p>483.15(h)(2) HOUSEKEEPING &amp; MAINTENANCE SERVICES The facility must provide housekeeping and maintenance services necessary to maintain a sanitary, orderly, and comfortable interior.</p> <p>Based on observation, interview, and record review, the facility failed to provide a clean and comfortable environment for 1 of 3 dining rooms, 1 of 3 shower rooms, and 1 of 3 units. This deficient practice had the potential to affect 37 of 85 residents who eat meals in the main dining room, 45 of 85 residents who use the 2nd floor shower room, and 45 of 85 residents who reside on the 2nd floor of the facility.</p> <p>Findings include:</p> <p>During environmental tour of the facility on 5/14/12 at 11:35 A.M. while accompanied by the Maintenance Supervisor, Housekeeping Supervisor, and the Administrator in Training, the following was observed:</p> <p>Main dining room - 1st floor</p> <p>There was a dust build-up along the top of the pictures hanging on the wall and on the artificial plants hanging on the wall.</p> <p>A black build-up was noted along the</p>		F0253	<p><b>F253 – Housekeeping &amp; Maintenance Services</b> It is the practice of this provide to ensure that our facility maintain a sanitary , orderly, and comfortable interior. <b><i>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice:</i></b> All areas identified during this survey have been repairs and deep cleaned. Main dining rooms throughout the facility are cleaned routinely following each meal service. Housekeeping Supervisor, Maintenance Supervisor or designee will complete daily audits of cleaning x 3 weeks to ensure the dining rooms are sanitary, orderly and comfortable. The facility will continue to complete deep cleaning weekly per policy. Housekeeping Supervisor or designee will evaluate deep cleaning and document weekly. <b><i>What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur:</i></b> Our Assistant Executive Director has re-educated all Housekeeping staff on Housekeeping policy and procedures with regard to the</p>		06/14/2012	

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	<p>base of the cove base around the entire perimeter of the dining room.</p> <p>A brown spillage was noted down the cabinets in the middle of the dining room.</p> <p>There was a black build-up around the base of the exit door in the dining room. These were ivy plants from outside growing underneath the bottom of the door.</p> <p>The floors were dull and dirty with a red stain near the kitchen door as well as a brown, sticky residue in front of the serving window.</p> <p>Small, yellow food particles were noted at the entry door on the floor.</p> <p>During interview with the Housekeeping Supervisor on 5/14/12 at 11:50 A.M., she indicated the dining room is to be cleaned between each meal service. Thirty-seven of 85 residents ate their meals in the main dining room.</p> <p>2 nd floor</p> <p>The ceiling tiles in the shower room were stained with a brown substance.</p> <p>The flooring on the center hall between the double entry way doors was cracked</p>		<p>routine cleaning of dining rooms and shower rooms. Each staff member performed a skills validation check including demonstration to ensure understanding of policy and procedure. Housekeeping Supervisor will utilize CQI audit tool titled, "Quality Control Inspection-Housekeeping." Daily inspections of dining rooms and shower rooms will be completed for 3 weeks followed by weekly for 6 months. <b>How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place:</b> Housekeeping Supervisor will audit dining rooms and shower rooms weekly to ensure 100% compliance with sanitation. Daily audits will be completed daily for 3 weeks followed by weekly for 6 months. If threshold of 90% compliance is not met, an action plan will be developed. Findings will be submitted to the CQI Committee for review and follow up. <b>By what date the systemic changes will be completed:</b> Completion Date: 6/14/12</p>				

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	<p>in a spider web like fashion across the entire width of the double door way.</p> <p>During interview with the Maintenance Supervisor on 5/14/12 at 12:05 P.M., he indicated neither the tiles in the shower room or the flooring on the 2 nd floor are scheduled to be replaced with the construction of the building. Forty-five of the 85 residents resided on the 2nd floor.</p> <p>Review of a cleaning schedule duties sheet provided on 5/14/12 at 12:00 P.M., indicated, "...AOR (Avenues of Reflection) Housekeeping Duties...Shower Rooms...Front half of Main Dining Room...Monday: Deep Clean Main Dining Room..."</p> <p>During interview with the Housekeeping Supervisor on 5/14/12 at 2:15 P.M., she indicated deep cleaning in the dining room consists of cleaning the cabinets, edge, window seals, high dusting. She further indicated this was last done approximately one month ago.</p> <p>This Federal tag relates to Complaint IN00107103.</p> <p>3.1-19(f)</p>						

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F0315 SS=D	<p>483.25(d) NO CATHETER, PREVENT UTI, RESTORE BLADDER</p> <p>Based on the resident's comprehensive assessment, the facility must ensure that a resident who enters the facility without an indwelling catheter is not catheterized unless the resident's clinical condition demonstrates that catheterization was necessary; and a resident who is incontinent of bladder receives appropriate treatment and services to prevent urinary tract infections and to restore as much normal bladder function as possible.</p> <p>Based on observation, interview, and record review, the facility failed to provide prompt peri care to a resident with a catheter for 1 of 1 resident with a Foley catheter in a sample of 3.</p> <p>Resident # D</p> <p>Findings include:</p> <p>The clinical record for Resident # D was reviewed on 5/14/12 at 1:00 P.M. The resident's diagnoses included, but were not limited to: neurogenic bladder, congestive heart failure, and multiple sclerosis.</p> <p>During initial tour of the facility on 5/14/12 at 10:15 A.M., while accompanied by RN # 3, Resident # D was noticed to have a urine odor. The resident was noted to have a Foley</p>		F0315	<p><b>F315 – No Catheter, Prevent UTI, Restore Bladder</b> It is the practice of this provider to ensure that a resident who enters the facility without an indwelling catheter is not catheterized unless the resident's clinical condition demonstrates that catheterization was necessary; and a resident who is incontinent of bladder receives appropriate treatment and services to prevent urinary tract infections and to restore as much normal bladder function as possible. <b>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice: Resident D – indwelling catheter has been discontinued and this resident is free from any signs or symptoms related to infection. This resident experienced no negative outcome as a result of this finding. How other residents having the potential to be affected by the</b></p>		06/14/2012	

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	<p>catheter present draining light yellow urine. Upon examination of Resident # D's perineal area (vaginal area) by LPN # 1 and RN # 3, Resident # D was noted to have a folded bath sheet approximately 6" x 12" laying over her vaginal area. The bath sheet was saturated with light yellow urine in an approximately a 5" x 7" area.</p> <p>During interview with LPN # 1 on 5/14/12 at 10:20 A.M., she indicated she did not place the bath blanket on Resident # D and she was not sure who did.</p> <p>Review of Resident # D's significant change MDS (Minimum Data Set), dated 3/20/12, indicated, "...toilet use...extensive assistance...two + persons physical assist...indwelling catheter...urinary incontinence...always incontinent..."</p> <p>Review of Resident # D's care plan, dated 2/20/12, indicated, "...incontinent of...bladder...Check every 2 hours for incontinence...Pericare after each incontinence...Provide incontinent care as needed..."</p> <p>During interview with LPN # 1 on 5/14/12 at 12:50 P.M., she indicated she cleaned Resident # D up after she was found with the saturated bed sheet and the resident started having bladder spasms</p>				<p><b>same deficient practice will be identified and what corrective action(s) will be taken:</b> Any resident requiring the use of an indwelling catheter and/or who is incontinent of bowel and/or bladder has the potential to be affected by this finding. Any resident requiring incontinence care has the potential to be affected by this finding. A facility audit will be conducted by the nurse management team to identify any resident using an indwelling catheter and any resident requiring incontinent/pericare. Any concerns or issues noted during this audit related to pericare will be addressed immediately. All direct care staff is required to participate in skills validations with return demonstrations upon hire, annually and as needed. These skills validations include return demonstrations related to proper perineal and incontinent care as well as perineal care for residents with indwelling catheters. The skills validations also stress the importance of prompt reporting to the Charge Nurse any noted change in the resident's indwelling catheter function. <b>What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur:</b> A mandatory in-service for all direct care staff is scheduled for 6/5/12. This in-service will include review</p>		



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	<p>and urine began squirting out around the catheter. She further indicated CNA # 2 placed the bath sheet on Resident # D around 8:30 A.M., because the resident was leaking around the catheter and was going to tell the nurse but hadn't caught up with her the tell her prior to the discovery of the saturated bath sheet.</p> <p>Interview with LPN # 1 on 5/14/12 at 3:25 P.M., she indicated she educated CNA # 2 on reporting episodes to the nurse.</p> <p>During interview with CNA # 2 on 5/15/12 at 11:35 A.M., she indicated she provided Resident # D peri care between 7:00 A.M. and 7:30 A.M., and she placed the bath sheet on Resident # D because her catheter was leaking. She further indicated she informed LPN # 1 at 7:30 A.M., that Resident # D's catheter was leaking and the nurse responded she would take care of it. She further indicated she provided Resident # D peri care again around lunch time and she was found to have another bath sheet on top of her peri area that was saturated with urine.</p> <p>Review of a facility Skills Validation - CNA, Perineal Care sheet reviewed 3/2012, provided by the DON on 5/14/12 at 4:05 P.M., indicated, "....If resident has</p>		<p>of the facility policy related to perineal and incontinent care. The DNS/designee will be responsible for observations of direct care staff performing perineal and incontinent care during different shifts no less than 5 times per week until all direct care staff have been observed/validated. Any concerns noted during these observations will be addressed immediately through in-service/one on one education. In addition, all direct care staff is required to participate in skills validations with return demonstrations upon hire, annually and as needed with the DNS/designee. These skills validations include return demonstrations related to proper perineal and incontinent care as well as perineal care for residents with indwelling catheters. This in-service will also stress the importance of communication to the charge nurse regarding any changes in a resident's indwelling catheter function. <b>How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place:</b> To ensure ongoing compliance with this corrective action, the DNS/designee will be responsible for completion of the CQI Audit tool titled, "Perineal Care" and observing incontinence care during different shifts no less than</p>				

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	<p>catheter, check for leakage...Report any unusual findings to nurse..."</p> <p>This Federal tag relates to Complaint IN00107103.</p> <p>3.1-41(a)(2)</p>			<p>5 times per week for 3 weeks and then no less than one time per month for six months. If threshold of 90% is not met, an action plan will be developed. Findings will be submitted to the CQI Committee for review and follow up. <b>By what date the systemic changes will be completed:</b> Compliance Date = 6/14/12.</p>			